

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>10/26/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>77</i>	<i>75353</i>	<i>12-0-00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Best Available Copy

Claim	Date
Final	
Original	<i>6/15/03</i>
1	
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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